



Arkansas ARPA 9817

Provider Incentive Program

January 20, 2022

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Agenda

- ARPA 9817 Overview
- Provider Incentive Program
 Overview
- Review Questionnaire Purpose
- Question and Answer Period





ARPA 9817 Overview

American Rescue Plan Act of 2021: Additional Support for Medicaid Home and Community-Based Services

- ARPA Section 9817
 - *"enhance, expand or strengthen HCBS"*
 - 10% FMAP increase
 - States can expend funds between 4/1/21 to 3/31/24
 - Time-limited, non-recurring
 - Target one or more activities as described in State Medicaid Director's (SMD) Letter, dated May 13, 2021 (SMD-21-003)

H.1	R. 1319	
	One Hundred Sebenteenth Congress	
	of the Opited States of America	
	United States of America	
	AT THE FIRST SESSION Begun and held at the City of Washington on Sunday,	
	begun and next at the City of Washington on Sunday, the third day of January, two thousand and twenty-one	
	An Act	
	To provide for reconciliation pursuant to title II of S. Con. Res. 5.	
	Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, SECTION 1. SHORT TITLE.	
	This Act may be cited as the "American Rescue Plan Act of 2021".	
	SEC. 2. TABLE OF CONTENTS. The table of contents for this Act is as follows:	
	Sec. 1. Short tille. Sec. 2. Table of contents.	
	TITLE I—COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY Subiille A—Agriculture	
	 1001. Food apply this Balling AAgriculture increases. 1002. Increasing rest and increasing straining and the straining straining and the straining s	
	See. 1004. Funding for the USDA Office of Inspector General for oversight of COVID19-related programs. See. 1005. Farm loan assistance for socially disadvantaged farmers and ranchers. See. 1006. IEBA assistance and surgest for socially disadvantaged formers. The second	
	Sec. 1000. USLNC assistance and supports for socially unaccontaged farmers, rateri- ers, forces land weners and operations, and groups. Sec. 1007. Use of the Commodity Credit Corporation for commodities and associ- ated expenses.	
	Subtille BNutrition Sec. 1101. Supplemental nutrition assistance program. Sec. 1102. Additional assistance for SNAP online purchasing and technology im-	
	DOC. 1102. Acquiremas ansistence for oxvAr online purchasing and lechnology improvements. Sec. 1103. Additional funding for nutrition assistance programs. Sec. 1104. Commodity supplemental food program.	
	 I.O. Addisional models for software for generalizing and technology im- fers. 1103. Additional function for noticities assistance programm. Sec. 1104. Commonly supplemental in (of system). Sec. 1104. Well program modelsministics. Sec. 1107. Models and supplementaria reinforcements for individuals who have not at. Sec. 1107. Models and supplementariants. Sec. 1107. Models and supplementariants. 	
	Sec. 1108. Fundemic EIT program. TITLE II—COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS	
	Subtitle A.—Education Matters PART 1.—DEPARTMENT OF EDUCATION	
-	See, 2001. Elementary and Recordary Bohork Energyteen Bohor Paral, See, 2002. Recorgaries annualizes to im-spable achieves the solution. See, 2003. Higher Education Energyteen by Hole Paral, See, 2005. Challenge and maintenance of equily. See, 2005. Challenge and annualization of equily. See, 2005. Challenge and Challenge and See See, 2005. See See See See See See See See See See	
	Sec. 2004. Maintenance of effort and maintenance of equity. Sec. 2005. Outlying areas. Sec. 2006. Gallanded University. Sec. 2007. Waterda di Versetty.	
	Sec. 2007. Student and administration. Sec. 2008. Howard University.	



ARPA 9817: Timeline of Events





HCBS Spending Plans

ARPA 9817 HCBS Spending Plans must adhere to the guidance provided by CMS. Plans must:





Not impose stricter eligibility standards, methodologies, or procedures as of April 1, 2021



Not reduce existing services in amount, duration, or scope as of April 1, 2021



uidehouse

Outwit Complexity

Maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021



Fund activities included in the SMD Letter



Provider Incentive Program Design

Provider Incentive Program: Categories Authorized by SMD Letter

Expand Provider Capacity

 Expanding self-directed programs. Creating financial incentives to expand the number, retention rates, and expertise/skills of the direct care workforce. Providing nursing facilities or other institutional settings with funding to convert to assisted living facilities or to provide adult day services, respite care, or other HCBS."

Specialized Payments

 Provide hazard pay, overtime pay, and shift differential pay for home health workers and direct support professionals that are not already included in the service rate/rate methodology. Provide adult day centers with funding to make physical, operational, or other changes to safely deliver services during the COVID-19 PHE."

Workforce Recruitment

 Conduct activities to recruit and retain home health workers and direct support professionals. Offer incentive payments to recruit and retain home health workers and direct support professionals."



Provider Incentive Program: Expand Provider Capacity

	 Expand number of staff
Expansion	 Improve DSP* retention rates
DSP Training and Skill Development	 Paid new hire training Incentives for training and / or certification

*Direct Service Provider



Provider Incentive Program: Specialized Payments – Hazard Pay

Positive COVID-19 services

 Incentive payment for DSP to provide or continue to provide services to Medicaid beneficiaries currently diagnosed with COVID-19.

Emergency back-up services

 Incentive payment for DSPs who provide services over and above those outlined in the person centered service plan (PCSP) due to the activation of the beneficiary's emergency back-up plan.

Emergency placement

 Incentive payment for DSPs who provide services on short notice to beneficiaries who access emergency placement (e.g., due to suspected / substantiated abuse, neglect, and / or exploitation.



Provider Incentive Program: Workforce Recruitment and Retention

Hiring bonus

• New DSPs receive a bonus payment after the first 60 days of employment.

Retention bonus

• Bonus payment for DSPs who exceed 6 continuous months of service with the same employer.

PHE service award

• One-time financial award for DSPs who delivered services to beneficiaries for at least 3 continuous months during calendar years 2019, 2020 and / or 2021.

Vaccine incentive

• One-time incentive payment for DSPs who confirm receipt of the COVID-19 vaccine.

Recruitment Activities

Conduct or participate in recruitment activities

Retention Activities

• Develop recognition and reward programs, train HR staff, enhance onboarding practices





Incentive Portal and Training and Technical Assistance

ARPA 9817 Provider Incentive Portal

The web-based provider grant portal will house all information and processes for providers to apply for, manage, and track the provider incentive program.

- Application page will allow providers to identify programs for participation
 - Providers can check the status of grant applications
- Providers will communicate progress on selected initiatives
 - \circ Provide information on incentive distribution
 - Certify adherence to incentive requirements



ARPA 9817 Provider Training and Technical Assistance Center

The T/TA Center is designed to provide information and assistance to provider related to activities in the ARPA 9817 HCBS Spending Plan

- T/TA Center will be maintained by Guidehouse staff
- Providers may access T/TA through a dedicated email address:
 - o arpa9817-provider-ta-center@guidehouse.com
- T/TA page will be available on provider portal
 - Frequently asked questions
 - Training modules





Purpose: To collect provider information for use as reference to inform the distribution of ARPA 9817 Provider Incentive payments.

Limitation: Information provided in the questionnaire will not replace or override DHS distribution amounts.

DHS will use questionnaire responses to identify disparities between provider records and DHS records related to claims, provider types, and billing codes.

DHS will communicate with providers regarding discrepancies.



DHS will use questionnaire responses to identify disparities between provider records and DHS records related to claims, provider types, and billing codes.

- Provider Demographics
 - Information that identifies the provider
 - Information that clarifies the services provided
 - Number of unique individuals served
- Program and Service Information
 - Medicaid program and provider type
 - Service codes and amounts claimed



Question types and desired responses.







Your Guides

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